

**Cabinet for Health and Family Services  
Office of Health Policy  
Secretary's Advisory Committee on Health Care Transparency  
Thursday, July 22, 2010  
1:00 PM – 3 PM  
Public Health Auditorium – Conference Suite C**

- I. Welcome and Opening Remarks
- II. Approval of Minutes (April 20, 2010)
- III. Status of Data Submissions for Ambulatory Facilities
- IV. Discuss Draft Free-Standing Ambulatory Facility Report
- V. Update on IPOP Implementation
- VI. Status of new Data Reporting Manuals and update to Data Reporting Regulation
- VII. Discuss Emergency Department Utilization Report
- VIII. Proposed Changes to Website
- IX. Adjourn

**SECRETARY'S ADVISORY COMMITTEE ON HEALTHCARE  
TRANSPARENCY MEETING**

**Tuesday, April 20, 2010**

**1:00 PM – 3:00 PM**

**CHFS Public Health Auditorium, Suite A**

**PRESENT:**

D. Kurt Adams  
Kentucky Chiropractic  
Society

Sarah Chasteen  
Kentucky Medical  
Association

Holly Curry (on behalf of  
Marie Cull)  
Cull & Hayden, PSC

Bill Doll  
Jackson, Kelly PLLC

Dr. John Lewis

Melanie Moch  
Kentucky Hospital  
Association

Al Perkins (on behalf of  
Sharon Clark)  
Department of Insurance

Chuck Warnick  
Kentucky Hospital  
Association

Ben Yandell  
Norton Healthcare

**ABSENT:**

Sharon Clark  
Department of Insurance

Dr. William Hacker  
Department for Public  
Health

Betsy Johnson  
Department for Medicaid  
Services

**STAFF:** Cabinet for Health and Family Services, Office of Health Policy  
Carrie Banahan Sheena Eckley Kris Hayslett  
Chandra Venettozzi

**CALL TO ORDER**

Carrie Banahan called the meeting to order in the Public Health Auditorium, Suite A, located in the Health Services building.

**APPROVAL OF MINUTES**

The minutes from the January 19, 2010, meeting were approved as distributed.

**STATUS OF DATA REPORTING REGULATION**

The data reporting regulation was filed last fall and has been through all the committees. Due to the legislature being in session, the Health and Welfare committee did not meet in February so the regulation became final in March. The regulation will need to be re-opened within the next two-three weeks in order to incorporate the new data reporting manuals for the move from data collection by COMPData to data collection by KHA.

## **STATUS OF DATA REPORTING FOR AMBULATORY FACILITIES**

Since our last meeting, we have had a few more facilities that have begun reporting. There are 28 ambulatory surgery centers that are required to submit data. As of 4<sup>th</sup> quarter 2009, there are 17 facilities, or 61%, that are submitting data. That number is up from 14 facilities reporting when the Committee last met. There are currently seven facilities, or 25%, that are testing and/or plan to begin submitting data shortly. There are four remaining facilities. One facility is in discussions with their vendor and the other three facilities have significant problems.

The second step to begin collecting data from ambulatory facilities was to contact ambulatory care centers (ACC), specialized medical technology service (SMTS), and mobile health services (MHS). There are a total of 16 of those that need to start reporting. Two facilities are now submitting and seven more will be submitting data for 1<sup>st</sup> quarter 2010. Of the remaining 6 facilities, all are progressing with the exception of one, which is having problems.

The intent is to give all of the facilities time to submit and determine if the facilities that are having difficulties share a common factor, such as whether or not they share the same clearing house or the same vendor. At that time, Chuck Warnick will work with these facilities to possibly produce a different type of file submission format for those facilities.

In February, Chandra began comparing the OIG list of licensed facilities to the list of those facilities that we have already spoken with or have received information about. She plans to do this on a yearly basis. The Cabinet sent out about 100 letters asking facilities if they performed the CPT codes that are required to report. During this process, 6 new facilities were found. Chandra expects to add new facilities each year. Due to the transition to the new data reporting by KHA, the 6 new facilities will not be contacted until about May or June.

The majority of the facilities that are currently reporting are having compliance in the upper 90%.

## **FACILITY COMPLIANCE**

OHP has reviewed the Data Submission Verification Reports from COMPData for 2008 and the first two quarters of 2009. There were 23 facilities that were non-compliant for at least one quarter. That non-compliance is in a variety of areas. Some are as simple as the facility forgot to submit their reported case counts while others are more severe. The facilities either failed to meet the 95% error-free rate or they failed to submit data at all. KHA sent letters to the 23 facilities and OHP followed up

with additional letters. KHA then contacted the facilities that were not moving forward by phone. As of last week, all but 6 of the facilities had either filed paperwork to do late loads or had actually submitted their late loads. It will take some time for the process of the late load to be loaded onto Infosuite. Fines are being discussed for the 6 facilities that are not making progress.

### **KHA DATA COLLECTION CONTRACT**

Chuck provided an update on the KHA data collection contract between the Cabinet and KHA. The contract will cover calendar years 2010 and 2011. The new contract is a flat fee, regardless of the number of records collected. The cost of the contract will cover the cost of the software, housing of the server, etc.

### **UPDATE FROM KHA**

#### **A. INTRODUCE NEW STAFF**

Chuck Warnick introduced Melanie Moch, who joined the KHA staff on March 1 as the Director of Data Collection and Training. She will be the first-line contact with all facilities and will be doing all of the training for those who submit data into the system.

#### **B. KHA/STATE DATA COLLECTION PROGRAM**

In late March, all facilities were asked to voluntarily submit a test batch in order to make sure there aren't any facility-specific anomalies in the batch files. Currently, there are 46 facilities that have submitted the 837 file, with nine facilities remaining who have not submitted. Of the facilities that submit the flat file, there are 60 facilities that have submitted and 29 who still need to submit.

The purchase of the system from the Iowa Hospital Association included re-writing some of the codes in order to meet Kentucky's standards for the fields to be collected, as well as the edit routines that KHA goes through when they examine the data once it is sent in. If the zip code is invalid or a male diagnosis appears for a female, that type of edit will cause the record to be held. There is an online data correction system where the data coordinator can make corrections after reviewing the record.

Chuck stated that his primary concern is making sure that the third quarter of 2010 comes through. KHA will minimize the amount of problems that hospitals have in submitting data to the system without allowing it to come in and not be correct.

**ADJOURN**

The meeting was adjourned at 2:03 p.m.